

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08/94-231  
APPLICANT(S)

FILING DATE  
**NOV 10 1997**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1				51						
2		1		1			52						
3	1		1				53						
4		1		1			54						
5		4		1			55						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL 1.			2				TOTAL IND.						
TOTAL 2.			16				TOTAL DEP.						